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OPLC-FINANCE

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Hampshire

STATE OF NEW HAMPSHIRE
BOARD OF PHARMACY
7 Eagle Square, Suite 300
Concord, NH 03301
(603) 271-2350 Fax: (603) 271-2856
www.oplc.nh.gov/pharmacy

Amount 250.00

Check 3000043616

APPLICATION FOR PERMIT TO CONDUCT A PHARMACY IN NEW HAMPSHIRE

Type of Application:

New Pharmacy / Original Application - \$500. Change of Pharmacy Name - \$250.
Estimated Date of Opening: _____ Effective Date of Change: _____

Change of Location - \$250. Change of Ownership - \$250.
Estimated Date of Move: _____ Estimated Date of Change: _____

Change of Pharmacist-In-Charge - \$250.
Effective Date of PIC Change: _____ Name of Former PIC: _____

PHARMACY INFORMATION

Name of Pharmacy <u>Walgreens Pharmacy # 17167 Lic# 00902</u>		
Street Address of Pharmacy <u>177 main st.</u>		
City/Town <u>Lancaster</u>	State <u>NH</u>	Zip Code <u>03584</u>
Telephone Number <u>603-788-2433</u>	Fax Number <u>603-788-0915</u>	E-Mail Address (Must be entered to receive permit) <u>mgr.17167@store.walgreens.com</u>
DEA Number <u>FW7313377</u>	Expiration Date <u>5/31/25</u>	

PHARMACIST-IN-CHARGE STATEMENT

Dennis Straight Lic 2036 of 12120 Upper City Rd.
Designated Pharmacist Home Address (Not P.O. Box)

Pittsfield NH 03263 do hereby agree to serve as
City/Town State Zip Code

pharmacist-in-charge at the above pharmacy.

TYPE OF PHARMACY

This application is for a permit to conduct a: (check one)

Community Pharmacy ⇒ If community pharmacy, licensing: Entire Store Area Pharmacy Dept. Only

Hospital Pharmacy (For Profit)

Home Infusion Pharmacy

Other (Specify) _____

TYPE OF OWNERSHIP

(Check One)

Sole Proprietorship

Partnership

Corporation

LLC

(Check One)

For Profit

Non-Profit

- If **non-profit organization**, and **IRS tax exempt**, attach a copy of the 501(c)(3) exemption approval issued by the U.S. Internal Revenue Service for each applicable entity.
- In the case of non-501(c)(3) organizations, attach a disclosure listing of **any practitioner ownership** which is not exempt as a "passive investment acquired at open market terms". (practitioner means any person lawfully entitled to prescribe medicine, or such person's spouse or dependent children).

If a **sole proprietorship**, list the name, official address, and occupation/business of owner:

N/A

If a **partnership**, list the name, official address, and occupation/business of each partner and the percentage of ownership held by each partner:

N/A

If any partner is a corporation, that partner shall **also** provide the information required of corporations below.

If a **corporation** (list, the following):

Corporation name and date and state of incorporation:

Walgreen Eastern Co., Inc.

2/23/1986

New York

If applicable, date of filing with the State of New Hampshire as a foreign corporation:
(attach copy of authorization issued by the NH Secretary of State)

5/26/1986

Address of principal place of business:

300 Wilmot Rd., Deerfield, IL 60015

CORPORATE INFORMATION (CONTINUED)

Name, address, & telephone number of **agent of record**, in New Hampshire, for service of process:

The Prentice Hall Corporation Systems, Inc.

10 Ferry St., S313, Concord, NH 03301

List each type, or class, of voting stock and the number of shares authorized and outstanding for each class:

N/A

- Provide as a supplement to this application, the name, address, corporate title, occupation and percentage of stock held for all corporate officers/directors, and of all holders of 5% or more of each class of voting stock.
- If a listed shareholder is itself a corporation, provide the same for each such corporation.
- If a listed shareholder is a partnership, provide the information required under the partnership section on page 2 for each such partnership.
- Provide as a supplement to this application, the disclosure of the corporate structure, including parent company or companies.

LEGAL PROCEEDINGS/ACTIONS

To your knowledge, have there been or are there now pending any indictments of any nature or any alleged violations of the law governing the practice of pharmacy, controlled substances, or other regulated drugs against the corporation, members of the corporation or partnership, or any of the individuals named in this application?

Yes No (If yes, attach explanation) **See Attached**

To your knowledge, have any of the above individuals/entities been convicted of a local, state, or federal drug or pharmacy law?

Yes No (If yes, attach explanation)

To your knowledge, have any of the above individuals/entities been convicted of a felony within the past 10 years?

Yes No (If yes, attach explanation)

PHARMACY HOURS OF OPERATION

This pharmacy shall be open a total of 45 hours per week and available to provide professional services during the following time periods:

MON. 9am to 6pm TUES. 9am to 6pm WED. 9am to 6pm

THUR. 9am to 6pm FRI. 9am to 6pm

SAT. _____ to _____ SUN. _____ to _____

*Note: There must be pharmacist coverage (as noted in next section) for all hours the pharmacy is open.

PHARMACISTS TO BE EMPLOYED AT PHARMACY

(Including Owner/Manager, If A Licensed Pharmacist – Attach additional sheet if necessary)

PHARMACIST NAME	NH LICENSE #	HOURS/WEEK
Dennis H Straight	2036	45

PHARMACY TECHNICIANS TO BE EMPLOYED AT PHARMACY – Attach additional sheet if necessary

TECHNICIAN NAME	NH TECHNICIAN REG. #
Jade m. mackillop	CPHT-125181
Courtney m. Fox	PhT - 126010
Katelyn Rheault	PhT - 127560
Steven E. Brooks	PhT - 125743
Windi Gagne	123220

GENERAL PHARMACY INFORMATION/SPECIFICATIONS

What are the dimensions of that portion of the pharmacy devoted to the preparation of prescriptions?

831 Square Feet Enter either total square footage or dimension (length x width)

Give a brief description of the pharmacy department. (Complete **only** if this is an original application for a new pharmacy **or** if changes have occurred to an existing pharmacy)

N/A

GENERAL PHARMACY INFORMATION/SPECIFICATIONS (Continued)

List persons (names & titles) who have security access to the pharmacy [according to Ph 303.02(m) and Ph 702.05(b)].

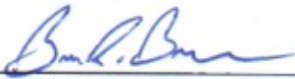
Dennis H. Straight Pharmacy Manager

PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT

As chief administrative officer of Walgreen Eastern Co., Inc., I certify that
Corporation/Partnership

Dennis H. Straight
Name of Pharmacist

is designated by me as pharmacist-in-charge to operate this pharmacy in compliance with all federal, state, and local laws. I have read this application and all of the statements made on it are, to the best of my knowledge, true and correct. As the owner or corporate representative of this pharmacy, my signature below acknowledges my (the corporation's) responsibilities as the permit holder, including all of the corporate / permit holder duties and responsibilities noted in NH RSA 318:38 and Ph 704.11(d).



Signature of Company / Corporate Representative

Brian Brown, Treasurer

Title

9/21/2022

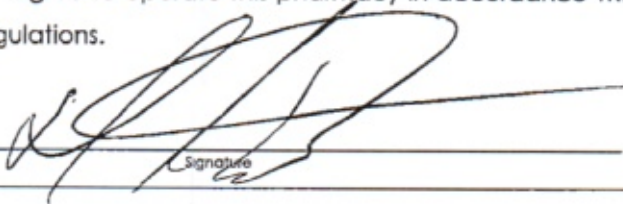
Date

PHARMACIST-IN-CHARGE AFFIDAVIT

PHARMACIST-IN-CHARGE AFFIDAVIT

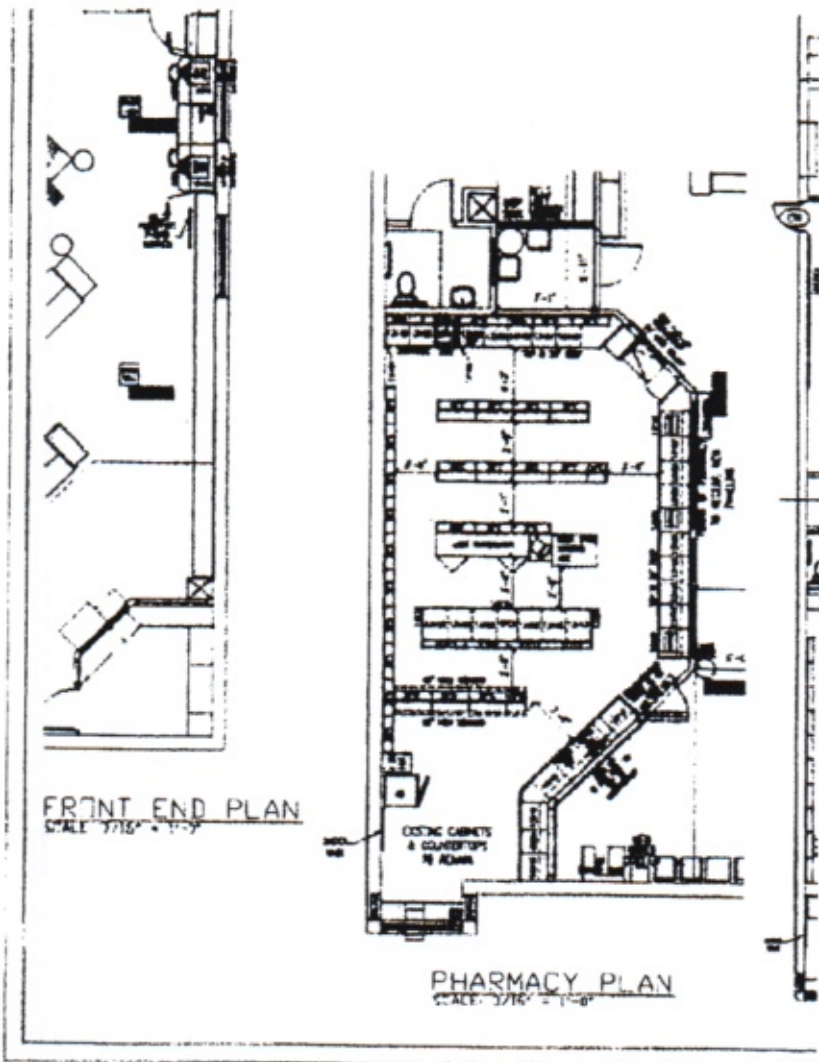
I swear and affirm that the answers and statements made on this application are true and correct to the best of my knowledge and belief, that this pharmacy has the required facilities and equipment and meets the conditions specified by the Board of Pharmacy, a copy of whose laws and rules I have read. I agree to replace promptly any item on the required equipment list which becomes lost, broken, or otherwise becomes unfit for use. I also agree to display the pharmacy permit in a conspicuous place in this pharmacy. I understand that this permit is issued to the pharmacy in the name of the corporation or the owner of the pharmacy. Upon my termination as pharmacist-in-charge this permit is not transferable; and upon any change in partnership composition; or upon the acquisition of the existing corporation by any person; or change in controlling interest in the corporation; or should the pharmacy be moved or closed or if the premises are damaged by fire or otherwise, this permit shall be immediately surrendered to the Board of Pharmacy.

I further agree to operate this pharmacy in accordance with all federal, state, and local pharmacy/drug laws and regulations.


Signature

6/24/22
Date

17167



State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that WALGREEN EASTERN CO., INC. is a New York Profit Corporation registered to transact business in New Hampshire on May 22, 1986. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 94607

Certificate Number: 0005674520



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 18th day of February A.D. 2022.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

**WALGREEN EASTERN CO., INC.
OFFICERS AND DIRECTORS**

TITLE	NAME	CORPORATE ADDRESS	PHONE NUMBER	Ownership
President & Director	Lisa Badgley	200 Wilmot Rd. Deerfield, IL 60015	(847) 914-2500	0%
Vice President	John Saylor	300 Wilmot Rd. Deerfield, IL 60015	(847) 914-2500	0%
Vice President	Alan Nielsen	108 Wilmot Rd. Deerfield, IL 60015	(847) 914-2500	0%
Vice President & Secretary	Joseph Amsbary, Jr.	108 Wilmot Rd. Deerfield, IL 60015	(847) 914-2500	0%
Treasurer & Director	Brian Brown	300 Wilmot Rd. Deerfield, IL 60015	(847) 315-2500	0%
Assistant Treasurer	Susan Halliday	300 Wilmot Rd. Deerfield, IL 60015	(847) 914-2500	0%

Walgreen Eastern Co., Inc. ("Walgreens") has operated retail drug stores since 1921. Walgreens owns and operates over 1,500 stores in the United States.

In the normal course of its business operations, Walgreens' pharmacies are periodically subject to inspection and, on occasion, administrative action by state agencies that regulate the practice of pharmacy. Typically, the pharmacy is given an opportunity to correct the deficiency within a specified period of time and, if it does so, the matter is closed without disciplinary or adverse licensure action. In the course of the last reporting period, one or more pharmacies owned directly or indirectly by Walgreen Eastern Co., Inc. have been disciplined and/or required as part of a corrective action plan, to pay an administrative fine to a state and/or federal agency. We can confirm, however, that none of the pharmacies subject to these actions had their retail pharmacy license in any way suspended, restricted, or denied as a result.